

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

**REEXAMINATION OR SUPPLEMENTAL  
EXAMINATION – PATENT OWNER POWER OF  
ATTORNEY OR REVOCATION OF POWER OF  
ATTORNEY WITH A NEW POWER OF ATTORNEY  
AND CHANGE OF CORRESPONDENCE ADDRESS  
FOR REEXAMINATION OR SUPPLEMENTAL  
EXAMINATION AND PATENT**

Control Number(s)	90/012,373
Filing Date(s)	June 22, 2012
First Named Inventor	Marcus Besson et al.
Title	Wireless Medical Diagnosis and Monitoring Equipment
Patent Number	6,289,238
Examiner Name	Jeffrey R. Jasirzab
Attorney Docket No(s)	191.0001-02REX

**I. Power of Attorney.** This form may be used to change the Power of Attorney in a reexamination or supplemental examination proceeding (or multiple proceedings where merged). This form may also be used to change the Power of Attorney in the patent file; in such a case, a copy of this form will be placed in both the patent file and the reexamination or supplemental examination proceeding.

**A. Revocation of Previous Power of Attorney.** I hereby revoke all previous patent owner powers of attorney, if any, given:

- ☒ in the above-identified reexamination or supplemental examination proceeding control number(s) (more than one may be changed only if the proceedings are merged).
- ☒ in the file of the above-identified patent.

(check BOTH boxes if change in BOTH the patent file and the reexamination or supplemental examination proceeding is requested).

**B. Designation of Power of Attorney.**

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the Customer Number identified in the box at right as my/our attorney(s) or agent(s) to prosecute the proceeding(s)/patent identified above and selected in section I(A), and to transact all business in the United States Patent and Trademark Office connected therewith:

22882

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the proceeding(s) identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

Authorization for the Power of Attorney is provided by the signature on page 2 of this form.

This collection of information is required by 37 CFR 1.31, 1.32, and 1.33. The information is required to obtain or retain a benefit by the public, which is to update (and by the USPTO to process) the file of a patent or reexamination proceeding. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.34. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

## II. Change of Correspondence Address

Please recognize or change the correspondence address for the above-identified reexamination or supplemental examination proceeding control number(s) (more than one may be changed only if they are merged proceedings) and for the file of the above-identified patent to be:

☒ The address associated with the above-identified Customer Number.

OR

☐ The address associated with the Customer Number Identified in the box at right:

☐ Firm or  
Individual  
Name

Address

City

State

Zip

Country

Telephone

Email

**NOTE: THE CORRESPONDENCE ADDRESS FOR THE REEXAMINATION OR SUPPLEMENTAL EXAMINATION PROCEEDING CONTROL NUMBER(S) MUST BE THE SAME AS THAT FOR THE PATENT. SEE 37 CFR 1.33.**

## III. Authorization for Power of Attorney and (if selected) Change of Correspondence Address

I am the:

☐ Inventor, having ownership of the patent being reexamined.

OR

☒ Patent owner.

Statement under 37 CFR 3.73(c) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_.

Signature of Inventor or  
Patent Owner

*Matthew Vella*

Date

1/14/13

Name

Matthew Vella

Telephone

972-668-9620

Title and  
Company

President  
Body Science LLC

**NOTE:** Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. If more than one signature is required, submit multiple forms, check the box below, and identify the total number of forms submitted in the blank below.

☒ A total of 1 forms are submitted. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.